Name of Intervention	AIDC Demonstration Project
	AIDS Demonstration Project
Risk Behavior(s)	Multiple partners, partners at-risk for HIV, unknown barrier use.
Influencing Factor(s)	Self efficacy
or FIBs	Intentions
	Expected outcomes
	Perceived susceptibility
	Cultural group norms
	Peer pressure
	Social support
	Environmental facilitators (access to condoms)
	Adaptation must address:
	Social influence
	Social norms
	Relationship Dynamics
	Access
Intended Immediate	To increase condom use with main and non-main partners
Outcomes	And to increase disinfection of injecting equipment
Type	Community-Level Intervention
Setting	Street setting, public sex environments, other community
	venues
Is this intervention	No
currently being	
provided in your	
planning area?	
Rationale for	Based on proven theories: Social Learning theory and the
Selecting this	Transtheoretical Model (Stages of Change)
Intervention:	Transmissional model (Stages of Sharige)
	Offers opportunity to practice relevant skills, repeated
	community contacts
	John Marky John Gold
	Intervention has been shown to be effective with members of
	the IDU population.
	tile ibe population.

Name of Intervention	Mpowerment
Risk Behavior(s)	Multiple partners, partners at-risk for HIV, unknown barrier use.
Influencing Factor(s)	Expected outcomes
or FIBs	Social Support
	Social norms
	Self-efficacy
	Adaptation must address:
	Social influence
	Social norms
	Culture
	Relationship Dynamics
	Access
Intended Immediate	To reduce HIV Risk Behaviors, in particular, unprotected anal
Outcomes	sex
Туре	Community-Level Intervention
Setting	Mpowerment Center and other community venues where
	young gay men congregate
Is this intervention	No
currently being	
provided in your	
planning area?	
Rationale for	Based on Empowerment Model
Selecting this	Diffusion of innovation
Intervention:	Social Learning Theory
	Offers opportunity to practice relevant skills
	Maria di Santa del Carta d
	Men who participated in the Mpowerment Project reduced their
	frequency of unprotected anal intercourse significantly more
	than the men in the comparison group.

Name of Intervention	Cognitive and Behavioral Adaptations to HIV/AIDS among Gay and Bisexual Adolescents
Risk Behavior(s)	Multiple partners, partners at-risk for HIV, unknown barrier use.
Influencing Factor(s)	Perceived susceptibility
or FIBs	Self-efficacy
	Outcome expectancies
	Social norms
	Adaptation must address:
	Social influence
	Culture
	Relationship Dynamics
	Access
Intended Immediate Outcomes	To increase high-risk sexual behavior, including unprotected sex associated with drug use. To increase knowledge about HIV/AIDS, to teach communication and refusal skills, to promote consistent condom use, to promote HIV testing and counseling, to teach the adverse effect of alcohol and drug use on risk reduction
Туре	Group-Level Intervention
Setting	Professional settings (not identified)
Is this intervention	No
currently being	
provided in your	
planning area?	
Rationale for	Based on Social Learning Theory
Selecting this	
Intervention:	Offers opportunity to practice relevant skills

AL CLASS	E . M. F. C. O O LINVELLE
Name of Intervention	Factors Mediating Changes in Sexual HIV Risk Behaviors
	among Gay and Bisexual Male Adolescence Ages 14-19
Risk Behavior(s)	Multiple partners, partners at-risk for HIV, unknown barrier use.
Influencing Factor(s)	Misconceptions about how HIV is spread
or FIBs	Expected outcomes
	Communication and negotiation
	Self-efficacy
	Group norms
	Peer Pressure
	Adaptation must address:
	Social influence
	Culture
	Relationship Dynamics
	Access
Intended Immediate	To reduce the occurrence of unprotected sex among gay
Outcomes	adolescent males. To improve training in social skills and
	behavioral self-management, to identify and provide group and
	social support from peers, to address youths' need for
	comprehensive health care.
Type	Group-Level Intervention
Setting	Community-based agency for gay youth
Is this intervention	No
currently being	
provided in your	
planning area?	
Rationale for	Based on the Social Learning Theory
Selecting this	
Intervention:	Offers opportunity to practice relevant skills.

Tab 7 – Intervention Selection Form

Subpopulation: Ranking: <u>MN</u> ALL SUBPOPULATIONS

MMS-African American-11

Nama of	Decree (1.1. October 11.1. /Decree at FIL. (1.1. /DODE)
Name of Intervention	Prevention Counseling/Partner Elicitation (PCPE)
	Outratage
Risk	Substance use
Behavior(s)	Sex without condoms
	Multiple partners
Influencing	Perceived susceptibility
Factor(s)	Environmental facilitators (access to condoms and testing)
or FIBs	Knowledge of STDs
	Group or Cultural Norms
Intended	Increase proportion of HIV-infected persons who know their status
Immediate	Increase condom use
Outcomes	Improve communication and negotiation skills
	Improve self perception of risk
	Provide access to condoms and testing
	Improve knowledge of STDs
	Reduce Number of sex partners
Туре	Individual Level Intervention
Setting	Community based organization, STD clinics, other community-based
	locations
Currently	Yes
provided?	
Rationale	Counseling, testing, referral and partner services have been recommended
for selecting	as an effective intervention for all populations in Texas. In the Centers for
intervention:	Disease Control and Prevention's HIV Prevention Strategic Plan Through
	2005, Goal 2 is to increase the proportion of HIV-infected people in the U.S.
	who know they are infected through voluntary counseling and testing. The
	CDC's objectives to meeting this goal support the inclusion of this intervention
	for all populations. These objectives include: improving access to voluntary,
	client-centered counseling and testing in high seroprevalance populations and
	increasing the number of providers who provide voluntary, client-centered
	counseling and testing. The core elements of this intervention include risk
	assessment, risk reduction plan, and the option to test for HIV either
	anonymously or confidentially.
	The Texas CPGs recommend the following strategies to promote PCPE:
	1) Fact Sheet p. 31. Culturally Tailored HIV/AIDS Risk-Reduction Messages
	Targeted to African-American Urban Women. This 20-minute video
	increased the likelihood that women would view HIV as a personal risk, to
	request condoms, to talk with friends about AIDS, and to get tested for
	HIV.

- 2) Fact Sheet p. 34*Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women.* This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.
- 3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.
- 4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.

pcpe

Tab 7 – Intervention Selection Form

All **high priority** subpopulations, consistent with CDC Guidance, September 1997 Subpopulation:

Ranking: MMS-African American-11

Kanking.	WWS-AITCAIT AITERCAIFT I
Name of	Prevention Case Management (PCM)
Intervention	
Risk	Multiple high risk behaviors consistent with HIV Prevention Case
Behavior(s)	Management Guidance, September 1997 by the CDC
	Substance use
	Sex without condoms
	Multiple partners
Influencing	
Influencing	Perceived susceptibility
Factor(s)	Fatalism
or FIBs	Self Efficacy
	Peer Pressure
	Cultural group norms
Intended	Increase condom use
Immediate	Decrease number of partners
Outcomes	Increase Self Esteem
	Referral for new HIV positives into Early Intervention Programs
	Referral of HIV positives into more intensive Intervention Programs that
	address the Factors Influencing the Risky Behavior.
Туре	Individual Level Intervention
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Setting	Community based organization, STD clinics, other locations
Coung	Community based organization, OTD clinics, other locations
Currently	No
provided?	INO
•	
Rationale	This intervention should target only high-risk individuals, whether HIV-positive
for selecting	or HIV-negative, with multiple, complex problems and risk-reduction needs.
intervention:	This intensive, client-centered prevention activity has the fundamental goal of
	promoting the adoption and maintenance of HIV risk-reduction behaviors. It is
	suitable for individuals seeking stability and regularity in their lives and/or
	individuals who are reaching an action step in dealing with health concerns.
	PCM should include 1) client recruitment and engagement, 2) screening and
	assessment of HIV and STD risks and medical and psychosocial service
	needs, 3) development of a client-centered prevention plan, 4) multiple
	session HIV risk-reduction counseling, 5) active coordination of services with
	follow-up, 6) monitoring and reassessment of client's needs, risks, and
	progress, and 7) discharge from PCM services upon attainment and
	maintenance of risk-reduction goals.
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Subpopulation:	MMS living with HIV/AIDS Ranking: Medium
Name of Intervention	Prevention for HIV Infected Persons Project (PHIPP)
Risk Behavior(s)	Unprotected anal/oral sex, multiple partners with partners atrisk for HIV, high use of alcohol, use of drugs
Influencing Factor(s) or FIBs	Relationship Development Relationship dynamics Social position Self-efficacy/communication skills Social networks Social support Social group norms Expected outcomes Perceived susceptibility Perceived benefits Perceived benefits Perceived barriers with the intention to overcome them Unknown serostatus Access Follow-up/Referral STD testing and treatment (surrogate markers – co-factors of the transmission of HIV) 44.4% reported having oral sex and 33.3 % reported having anal sex. 10% also reported having an at least one other sexually transmitted infection in the past. 60% reported having multiple partners. 5% reported having exchanged sex for money and 5% exchanged money for sex. 55% reported having a history of substance use. 56.7% reported that their partners were also at-risk for HIV infection with 70% reporting that their partners had multiple partners. 50% reported drug use. 20% reported the use of cocaine, and 20% reported using marijuana. 50% reported using alcohol.
Intended Immediate Outcomes	Reduce the frequency of unprotected anal/oral/vaginal intercourse
Туре	Group-Level Intervention
Setting	Community setting with access to medical and social services
Is this intervention	No
currently being	
provided in your	
planning area?	
Rationale for	Based on the Health belief model, and
Selecting this	The Social Learning Theory
Intervention:	
	Offers opportunity to interact with other persons living with
	HIV/AIDS. Offers opportunity to practice relevant skills.